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APPLICANTS Van L. Phillips, Rancho Santa Fe, CA; Hilary D. Pouchak, Carlsbad, CA; ** CONTINUING DATA ***** This appln claims benefit of 60/201,150 05/02/2000 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/31/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 3
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 20995 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE , CA 92614				
TITLE UNIVERSAL PROSTHESIS WITH CUSHIONED ANKLE				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	